

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px;">Friends of John Barrow</div>			
ADDRESS (number and street) <div style="border: 1px solid black; padding: 2px;">PO Box 8166</div>			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Savannah</div> <div style="border: 1px solid black; padding: 2px;">GA</div> <div style="border: 1px solid black; padding: 2px;">31412</div> </div>			
2. NAME OF CANDIDATE <div style="border: 1px solid black; padding: 2px;">John J Barrow</div>	3. OFFICE SOUGHT (State and District) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">House</div> <div style="border: 1px solid black; padding: 2px;">GA</div> <div style="border: 1px solid black; padding: 2px;">12</div> </div>		4. FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C00384735</div>
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 MASSACHUSETTS AVE, NW SUITE 600 WASHINGTON DC 20001	Transaction ID : C8978958	11/01/2012	5000.00
	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Mr. Edward W. Shaw 1715 N Nelson St Arlington VA 22207-3626	General Dynamics	11/01/2012	1000.00
	Transaction ID : C8978956 Occupation Government Relations		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		

SIGNATURE (optional) <div style="border: 1px solid black; padding: 2px;">Tom Bordeaux</div>	DATE <div style="border: 1px solid black; padding: 2px;">11/02/2012</div>	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<div style="border: 1px solid black; padding: 2px; display: inline-block;">[Electronically Filed]</div>		

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)